

Appendix F

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MEMORANDUM OF AGREEMENT

This Memorandum of Agreement confirms the commitment between the East Falls Juvenile Residential Treatment Center (recipient), the Juvenile Corrections Alliance (provider), and the Lincoln State Juvenile Justice Department (broker) for technical assistance.

Purpose

The East Falls Juvenile Residential Treatment Center submitted an application for technical assistance to the Lincoln State Juvenile Justice Department on May 1, 2001, requesting funding for technical assistance. The agency was recently cited by a State quality control panel for having inadequate services for female juvenile offenders. The agency wants to enhance its services to girls and requests assistance in bringing staff of the Juvenile Corrections Alliance to the agency for a site visit, a postvisit report and recommendations, and followup consultation as needed.

The goals for this technical assistance are to:

- Assess programs and services for female juvenile offenders placed at the East Falls Juvenile Residential Treatment Center.
- Recommend program components and/or policy changes to improve the services provided to female juvenile offenders at this agency.

Schedule

The onsite technical assistance will be provided June 6, 2001, from 9:00 a.m. until 5:00 p.m. and June 7, 2001, from 9:00 a.m. until 12:00 p.m.

Responsibilities

East Falls Juvenile Residential Treatment Center

The responsibilities of the East Falls Juvenile Residential Treatment Center are to:

- Provide information and program materials to the Juvenile Corrections Alliance in preparation for the site visit, including the agency's mission statement and goals, policy and procedures manual, and population data.
- Provide local transportation to the consultants while visiting the site.
- Arrange for the participation of members of the task force working on this issue.
- Arrange for meeting space, audiovisual equipment, and other amenities required for the meetings.
- Provide a notetaker to assist the consultants in recording information during the meetings.
- Develop an action plan for implementing technical assistance recommendations within 3 months of the site visit.
- Respond to an evaluation of the site visit.

Appendix F: Resources for Technical Assistance

Juvenile Corrections Alliance

The responsibilities of the Juvenile Corrections Alliance are to:

- Provide the services of staff member Julia Johnson to conduct a site visit to the East Falls Juvenile Residential Treatment Center.
- Prepare, at least 1 week in advance, an agenda for the meetings and a list of any staff or other persons who should attend.
- Conduct an assessment of the agency's programs and services for female juvenile offenders.
- Make recommendations for improvements in programs and services.
- Prepare a summary report and recommendations document within 3 weeks of the site visit.
- Furnish copies of the report and recommendations to the East Falls Juvenile Residential Treatment Center and the Lincoln State Juvenile Justice Department.
- Respond to limited followup requests for additional information and/or clarification.
- Complete a followup evaluation form regarding the technical assistance activities.
- Conduct all consultation activities in a professional and confidential manner.

Lincoln State Juvenile Justice Department

The responsibilities of the Lincoln State Juvenile Justice Department are to:

- Pay the consultation fees of the Juvenile Corrections Alliance as agreed upon in a separate contract letter.
- Reimburse the Juvenile Corrections Alliance for the travel expenses of the consultant per the contract letter.
- Evaluate the technical assistance.

Contacts

The people responsible for the coordination and implementation of this technical assistance activity for each agency follow:

East Falls Juvenile Residential Treatment Center

David Smith, Director
1220 Broadway
East Falls, LN 00000
000-555-1234

Juvenile Corrections Alliance

Julia Johnson
Research Associate
777 State Highway 10
Springfield, MM 00000
000-555-9876

Lincoln State Juvenile Justice Department

Mary Bradshaw
M Street
Capital City, LN 00000
000-555-5739

The following signatures represent the agreement of all parties to the conditions of this memorandum:

_____ East Falls Juvenile Residential Treatment Center	_____ Date
_____ Juvenile Corrections Alliance	_____ Date
_____ Lincoln State Juvenile Justice Department	_____ Date

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TECHNICAL ASSISTANCE DELIVERY PLAN

(To be completed by technical assistance provider)

Technical Assistance Consultant

Name _____

Title _____

Address _____

City/State/ZIP _____

Phone Number _____

Agency/Affiliation (if applicable) _____

Date(s) of Technical Assistance _____

Technical Assistance Recipient

Local Coordinator _____

Title _____

Agency/Organization _____

Address _____

City/State/ZIP _____

Phone Number _____

Appendix F: Resources for Technical Assistance

1. What are the needs or problems to be addressed?
2. What is your plan to address these needs or problems?
3. What are the expected deliverables, products, or outcomes?

4. What, if any, problems are anticipated with delivery?

5. What are the anticipated implementation dates of the technical assistance?

6. Anticipated length of preparation time (number of days) _____

7. Total number of days anticipated onsite _____

8. Anticipated length of followup time (number of days for report writing or materials development)

9. Total estimated number of consulting days _____

Technical Assistance Provider

Date

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TECHNICAL ASSISTANCE RECIPIENT EVALUATION FORM

Recipient Information

Local Coordinator _____

Title of Coordinator _____

Agency/Organization _____

Address _____

City/State/ZIP _____

Phone Number _____

Project Name _____

Date(s) of Technical Assistance Delivery _____

Technical Assistance Provider(s) _____

Nature of Assistance (Check all that apply)

- ☐ Onsite assistance (needs assessment).
- ☐ Onsite assistance (materials development).
- ☐ Onsite assistance (program/design).
- ☐ Training.
- ☐ Site visits to exemplary programs.
- ☐ Other (please specify). _____

1. What program elements were addressed with this technical assistance activity?

2. Please summarize the problems addressed.

3. Please rate the technical assistance provider on each of the following areas, using a scale of 1 (poor) to 5 (outstanding).

Technical Assistance Provider Qualities	5 = Outstanding	4 = Good	3 = Average	2 = Fair	1 = Poor
1. Flexible in unanticipated situations					
2. Prepared					
3. Sensitive to particular program need(s)					
4. Used time wisely					
5. Focused on program needs					
6. Communicated effectively					
7. Practical					
8. Knowledgeable of subject matter					

8. Do you see any problems with implementation of the recommendations?

9. Please describe any planned or requested followup.

10. Is there any way technical assistance services could be improved?

11. Other comments or suggestions:

Signature of Local Coordinator

Date

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TECHNICAL ASSISTANCE PROVIDER'S REPORT

Provider Information

Name _____

Title _____

Address _____

City/State/ZIP _____

Phone Number _____

Agency/Affiliation (if applicable) _____

Date(s) of Technical Assistance _____

Technical Assistance Recipient

Local Coordinator _____

Title _____

Agency/Organization _____

Address _____

City/State/ZIP _____

Phone Number _____

1. Provide a brief summary of technical assistance provided.
2. Did technical assistance take place as expected/planned? (If not, why?)
3. Describe technical assistance activities (meetings, interviews, evaluations, training sessions, number of participants, etc.).

7. Please describe any planned or requested followup.

8. What documents or reports were prepared? (Indicate titles and include them with the report.)

Technical Assistance Provider

Date